224850

(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Request to Increase passinge Plinits on Class C Taxi Certificate Carlton W. Simpson (Please type or print) Submitted by: Carlton Simpson Address: 1335 Coosaw Drive	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2008 - 166 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. Telephone: 843-364-7712 Fax: 843-766-3342
Charleston, SC 2940	Other:
	Email: simpsocw@hotmail.com
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service C	s nor supplements the filing and service of pleadings or other papers
de fined out completely.	
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxì	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	X Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form



CLASS C AMENDMENT FORM

File the original with:	Mall or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 6-28-10	JUL 1 4 2010
DATE: 1 & 20 1 S	T,T,W,W/W
I have the following Certificate:	A 9 - 7
Class C Taxi # 8001 Class C Charte	er# Class C Charter Bus #
Class C Non-Emergency #	
Please consider this as my request for the follow	ing amendment(s) to my Cartificate:
Please consider this as my request for the follow	
Name Change	JUL 1 5 2010
m	CLEDE SC
From:	
(Current Name)	(Current DBA if applicable)
TO: (New Name)	DBA:(New DBA if applicable)
· , ,	(view = #v viii #pp ======*)
Scope of Authority	-
From:	To:
(Current Scope)	(New Scope)
Passenger Limit	H
From:	To:
(Current Limit Number)	(New Limit Number)
(Name & DBA if applicable) Charleston SC 29407	(Street and/or Mailing Address)
(City, State, Zip Code)	(Signature)
843-364-7712	* Owner
(Telephone Number)	(Title) Owner, President, etc.